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TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.
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SUBJECT: NICU CONSOLIDATION TASK FORCE RECOMMENDATIONS

This is a response to the Board's motion of January 27, 2004 instructing the Department of Health Services (DHS) to report back regarding its recommendations to reclassify the Neonatal Intensive Care Units (NICU) at the Olive View-UCLA and King/Drew Medical Centers to Intermediate Care Units. After a review of the issues, the Department reaffirms its original recommendations.

Background

Following an analysis of data related to various factors, including a dramatic reduction in births at Los Angeles County hospitals and the need to manage DHS as a system of care, the Department recommended that the NICUs at King/Drew and Olive View-UCLA Medical Centers be redesignated as California Childrens Services (CCS) Intermediate Care Units. The NICUs at LAC+USC and Harbor-UCLA Medical Centers would maintain their current CCS Regional NICU designation and provide care for infants requiring Intensive Care. The Department was asked to review this decision in light of questions raised regarding data reported by the NICU Consolidation Task Force.

Data Review

All questioned data were reviewed. Data differences were largely dependent on either variations in the source or the definitions of the data. The following is a summary of the data issues.

- Birth data is derived from at least three different sources: 1) facilities send data to the Office of Statewide Planning and Development (OSHPD) from the Affinity database that contains admission data; 2) facilities enter birth registration data into the Automated Vital Statistics System (AVSS), which generates birth certificates; and, 3) facilities record deliveries in a hand written logbook and some maintain local databases. Although the numbers from each of these sources did not match exactly, the differences were not materially significant. The variances are likely due to the timing (e.g., calendar year vs. fiscal year) and purpose or source of data entry.

- The number of neonatal surgeries was previously under-reported for all facilities. In the original data presentation, DHS counted only complex surgical procedures. In response to the identification of the under-reporting of certain procedures by King/Drew Medical Center staff, the data were re-evaluated to include both complex and minor surgical procedures. A review of the results further supported the Department's recommendation, based on the volume at each hospital.

- Criteria for an admission to the NICU varied between facilities based on neonatal patient flow patterns. Harbor maintains distinct units on separate floors for Neonatal Intensive Care and Neonatal Intermediate Care, while the other facilities do not. As a result, some babies initially reported as NICU admissions at Harbor were actually transfers between the Intermediate Care Nursery (Level II) and the Intensive Care Unit (Level III). This reduced the total number of NICU admissions at Harbor. The amended patient counts are attached.

The review clarified definitions of NICUs, admissions, patients, and procedures. This process resulted in small changes in the data; however, none of the variations were significant enough to alter the Department's recommendation.

Implementation

Over the past several months, a number of subcommittees of the NICU Consolidation Task Force, which are comprised of representatives from each facility, have met to address the impact of the reconfiguration.

- The High Risk Pregnancy Subcommittee has established criteria for transport of mothers in labor with high-risk pregnancies.

- The Transportation Subcommittee has drafted policies for the transport of maternal/fetal and neonatal patients. It is not anticipated that the transport of these patients will result in an increased cost. These transports can be

made using the existing ambulances available or already scheduled for purchase.

Also, a number of questions have been raised about the appropriateness of transferring these infants from one hospital to another. The standard protocol is to have a clinical transport team from the receiving hospital accompany the patient in the ambulance during transport. It is important to note that most hospitals with labor and delivery programs do not operate a Level III, Intensive Care Unit, so in the event a newborn requires NICU care, the standard of care is to transfer the infant, using a specialized transport team, to a higher level of care facility, such as Children's Hospital Los Angeles or LAC+USC Medical Center.

- The Program Flexibility Subcommittee has initiated actions to institute staffing by acuity for all NICUs to standardize the nurse-to-infant ratios based on clinical criteria. This change will require approval from the State for those facilities that currently do not have program flexibility for staffing.

- The Training Subcommittee, comprised of the Pediatric Department Chairs, is scheduled to meet to address the needs of the Pediatric residency programs at each of the hospitals.

Another issue of significance that factored into the Department's decision to recommend the redesignation of the NICU at King/Drew as an Intermediate Care Unit was the action taken by CCS last December, in which the agency informed King/Drew that it was removing the NICU's regional status. In February, CCS confirmed the provisional community status of the NICU. Additionally, CCS also reduced King/Drew's hospital status from a tertiary pediatric hospital to a community hospital, citing not only the issues that resulted in the redesignation of the NICU, but deficiencies in the pediatric intensive care unit as well.

The Department's decision on the consolidation of the NICUs is based on a review of data as well as consideration of the status and requirements of residency and fellowship programs, NICU regional contracts with referring hospitals, and physical plant, as well as other factors such as CCS status and overall clinical and academic support structures. The reconfiguration of DHS Neonatal Services is one step toward developing an integrated system of care that links system capacity to need. As required by State law, the Department will be including the consolidation of the NICUs as part of the Beilenson hearing that will be scheduled for later this Spring.

Finally, although not directly related to the Department's determination to consolidate the NICUs, it was determined during this process that the bassinets at Harbor require additional licensure. Because Title 22 of the California Health and Safety Code is silent on licensing of bassinettes, State Licensing representatives

have never required the hospital to obtain licensure of the bassinets. When Harbor approached them, the State recommended the hospital seek approval from the Office of Statewide Health Planning and Development (OSHPD) for the bassinets. In order to meet the OSHPD requirements, Harbor will need to make some minor modifications to the Intermediate Care nursery, which will consist of removing three windows and replacing them with doors. The Department expects to receive approval shortly to license the bassinets as NICU beds modified for use as Intermediate Care bassinets.

The Department is continuing the implementation of the NICU consolidation efforts and expects this to be completed this summer. If you have any questions or need additional information, please let me know.

TLG/JG/RW:ct

c: Chief Administrative Officer
County Counsel
Executive Office of the Board of Supervisors

Attachments

Comparison of Data Sources for DHS Births and Newborns

Total Births

	HUMC	OVMC	LAC+USC	KDMC
FY 00-01 – Labor & Delivery Logs	1,158	1,295	2,098	1,172
FY 00-01 – AVSS Birth Registry[1]	1,131	1,261	2,051	1,102
CY 2001 – OSHPD Utilization Report (UR)[2]	1,116	1,207	1,946	1,031

NICU Admissions

	HUMC	OVMC	LAC+USC	KDMC
FY 00-01 – NICU Admission Logs	753	376	866	879
FY 00-01 – Self Report/Adjusted Admissions	618	363	866	855

Very Low Birthweight Babies (<1500 grams)

	HUMC	OVMC	LAC+USC	KDMC
FY 00-01 – AVSS Birth Registry[1]	42	32	51	42
CY 2001 – OSHPD UR[2]	33	39	88	36

Surgical Procedures (age <1)

	HUMC	OVMC	LAC+USC	KDMC
CY 2001 – OSHPD Discharges[3]: Procedures	92	36	153	54
CY 2001 – OSHPD Discharges[4]: Hospitalizations w/Procedures	65	26	88	32

[1]Automated Vital Statistics System birth registry
[2]Office of Statewide Health Planning and Development (OSHPD) Annual Hospital Utilization Report, Calendar Year 2001
[3]OSHPD Annual Hospital Discharges, Calendar Year 2001; total surgical procedures performed on patients less than 12 months of age.
[4]OSHPD Annual Hospital Discharges, Calendar Year 2001; total hospitalizations during which the surgical procedures (above) were performed.